

CID#

: 2304713742

Name

: MR.SANDEEP MALI

Age / Gender : 40 Years/Male

Consulting Dr. :

Reg.Location : Swargate, Pune (Main Centre)

Collected

: 16-Feb-2023 / 08:56

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Reported

: 17-Feb-2023 / 09:10

PHYSICAL EXAMINATION REPORT

History and Complaints:

NO

EXAMINATION FINDINGS:

Height (cms):

167cm

Weight (kg):

71kg

Temp (0c):

Afebrile

Skin:

Normal

Blood Pressure (mm/hg): 136/84mmHg

Nails:

Haelthy

ET. I. U. BAMB

M.E & S., M.D. (Medicine)

Keg. No. 39452

Pulse:

78/min

Lymph Node:

Not Palpable

Systems

Cardiovascular: S1 S2 Normal No Murmurs

Respiratory:

Normal

Genitourinary:

Normal

GI System:

Soft non tender no Organomegaly

CNS:

Normal

IMPRESSION:

2000 phin e + HbAje e Dy Slipiden.

(1) consult family physics

(2) law fact alien

ADVICE:

CHIEF COMPLAINTS:

1) Hypertension:

No

2) IHD

NO

NO

3) Arrhythmia 4) Diabetes Mellitus

NO

5) Tuberculosis

NO



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6)	Asthama	NO
7)	Pulmonary Disease	NO
8)	Thyroid/ Endocrine disorders	NO
9)	Nervous disorders	NO
10)	GI system	NO
11)	Genital urinary disorder	NO
12)	Rheumatic joint diseases or symptoms	NO
13)	Blood disease or disorder	NO
14)	Cancer/lump growth/cyst	NO
15)	Congenital disease	NO
16)	Surgeries	NO
17)	Musculoskeletal System	NO

PERSONAL HISTORY:

1)	Alcohol	Occsaioanl
2)	Smoking	NO
3)	Diet	Mixed
4)	Medication	NO

*** End Of Report ***

Dr.I U BAMB



Name: Mr. Sandeep mali

Date:

Age/sex:

R

EYE EXAMINATION

VISION

Distance Vision Without Glasses	Right Eye 6/6	Left Eye 616
Distance Vision With Glasses	Right Eye	Left Eye
Near Vision Without Glasses	Right Eye	Left Eye
Near Vision With Glasses	Right Eye	Left Eye

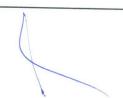
GENERAL EXAMINATION:

LIDS

CORNEA

CONJUCTIVAE
EYE MOVEMENTS
COLOUR VISION







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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

	CBC (Complete Block	od Count), Blood	
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			METHOD
Haemoglobin	13.3	13.0-17.0 g/dL	Spectrophotometric
RBC	4.90	4.5-5.5 mil/cmm	Elect. Impedance
PCV	40.2	40-50 %	Calculated
MCV	82	80-100 fl	Calculated
MCH	27.1	27-32 pg	Calculated
MCHC	33.1	31.5-34.5 g/dL	Calculated
RDW	16.4	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	5900	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND AB	SOLUTE COUNTS		
Lymphocytes	45.5	20-40 %	
Absolute Lymphocytes	2684.5	1000-3000 /cmm	Calculated
Monocytes	6.0	2-10 %	
Absolute Monocytes	354.0	200-1000 /cmm	Calculated
Neutrophils	39.4	40-80 %	
Absolute Neutrophils	2324.6	2000-7000 /cmm	Calculated
Eosinophils Absolute Facine at it.	9.1	1-6 %	
Absolute Eosinophils	536.9	20-500 /cmm	Calculated
Basophils Absolute Basophile	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count MPV PDW	268000	150000-400000 /cmm	Elect. Impedance
	7.8	6-11 fl	Calculated
	12.5	11-18 %	Calculated
RBC MORPHOLOGY			

Bosinophilic & A HSAIL

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- Cocarul funding physicia

Page 1 of 10



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T

Hypochromia

Microcytosis

Macrocytosis

Anisocytosis

Mild

Poikilocytosis

Polychromasia

Target Cells

Basophilic Stippling

Normoblasts

Others

WBC MORPHOLOGY

PLATELET MORPHOLOGY

COMMENT

Eosinophilia

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR

3

2-15 mm at 1 hr.

Sedimentation

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate *** End Of Report ***







OFFIMMONETZ

Dr.SHAMLA KULKARNI MD (PATH) Consultant Pathologist

Page 2 of 10



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE					
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD		
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	82.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase		
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	106.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase		
BILIRUBIN (TOTAL), Serum BILIRUBIN (DIRECT), Serum BILIRUBIN (INDIRECT), Serum	0.31 0.13 0.18	0.1-1.2 mg/dl 0-0.3 mg/dl 0.1-1.0 mg/dl	Colorimetric Diazo Calculated		
TOTAL PROTEINS, Serum ALBUMIN, Serum GLOBULIN, Serum A/G RATIO, Serum	7.5 4.8 2.7 1.8	6.4-8.3 g/dL 3.5-5.2 g/dL 2.3-3.5 g/dL 1 - 2	Biuret BCG Calculated Calculated		
SGOT (AST), Serum	18.0	5-40 U/L	NADH (w/o P-5-P)		
SGPT (ALT), Serum	24.5	5-45 U/L	NADH (w/o P-5-P)		
GAMMA GT, Serum	29.8	3-60 U/L	Enzymatic		
ALKALINE PHOSPHATASE, Serum	62.9	40-130 U/L	Colorimetric		
BLOOD UREA, Serum BUN, Serum	20.8	12.8-42.8 mg/dl 6-20 mg/dl	Kinetic Calculated		
CREATININE, Serum	1.02	0.67-1.17 mg/dl	Enzymatic		



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:16-Feb-2023 / 12:41

Collected Reported

:16-Feb-2023 / 13:29

eGFR, Serum

86

>60 ml/min/1.73sqm

Calculated by MDRD equation (Modification of Diet in Renal

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Disease)

URIC ACID, Serum

7.0

3.5-7.2 mg/dl

Enzymatic

Urine Sugar (Fasting)
Urine Ketones (Fasting)

Absent

Absent

Absent

Absent

Urine Sugar (PP)

Absent

Absent

Urine Ketones (PP)

Absent

Absent

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate

*** End Of Report ***







Dr.SHAMLA KULKARNI M.D.(PATH)

Pathologist

Page 4 of 10



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: 16-Feb-2023 / 08:59 :16-Feb-2023 / 11:42

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER

RESULTS

BIOLOGICAL REF RANGE

METHOD

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T

Glycosylated Hemoglobin (HbA1c), EDTA WB - CC

Estimated Average Glucose

(eAG), EDTA WB - CC

5.8

119.8

Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % HPLC

Diabetic Level: >/= 6.5 %

mg/dl

Collected

Reported

Calculated

Intended use:

• In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year

In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly

For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.

The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.

HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.

To monitor compliance and long term blood glucose level control in patients with diabetes.

Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitami E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate *** End Of Report **





GHAMMIETZ!

Dr.SHAMLA KULKARNI MD (PATH) Consultant Pathologist

Page 5 of 10



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:16-Feb-2023 / 13:29

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

PARAMETER	RI	ESULTS	BIOLOGICAL REF RANGE	METHOD	
PHYSICAL EXAM	INATION				
Color	Pa	le yellow	Pale Yellow	-	
Reaction (pH)	Ac	idic (6.0)	4.5 - 8.0	Chemical Indicator	
Specific Gravity	1.0	005	1.001-1.030	Chemical Indicator	
Transparency	Cle	ear	Clear	-	
Volume (ml)	30		-		
CHEMICAL EXAM	MINATION				
Proteins	Abs	sent	Absent	pH Indicator	
Glucose	Abs	sent	Absent	GOD-POD	
Ketones	Abs	sent	Absent	Legals Test	
Blood	Abs	sent	Absent	Peroxidase	
Bilirubin	Abs	sent	Absent	Diazonium Salt	
Urobilinogen	No	rmal	Normal	Diazonium Salt	
Nitrite	Abs	sent	Absent	Griess Test	
MICROSCOPIC E	XAMINATION			0.1000 1000	
Leukocytes(Pus ce	ells)/hpf 0-1		0-5/hpf		
Red Blood Cells / I	hpf Abs	sent	0-2/hpf		
Epithelial Cells / h	pf 0-1				
Casts	Abs	sent	Absent		
Crystals	Abs	sent	Absent		
Amorphous debris	Abs	sent	Absent		
Bacteria / hpf	1-2		Less than 20/hpf		
			The state of the s		

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein:(1+ -25 mg/dl, 2+ -75 mg/dl, 3+ 150 mg/dl, 4+ 500 mg/dl)
- Glucose:(1+ ~ 50 mg/dl, 2+ ~100 mg/dl, 3+ ~300 mg/dl,4+ ~1000 mg/dl)
- Ketone: (1+ ~5 mg/dl, 2+ ~15 mg/dl, 3+ ~ 50 mg/dl, 4+ ~ 150 mg/dl)

Reference: Pack insert

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate

*** End Of Report ***







Dr.SHAMLA KULKARNI M.D.(PATH) Pathologist

Page 6 of 10



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:16-Feb-2023 / 13:29

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE BLOOD GROUPING & Rh TYPING

Collected

Reported

PARAMETER

RESULTS

ABO GROUP

A

Rh TYPING

Negative

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

ABO system is most important of all blood group in transfusion medicine

Limitations:

ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origing.
 Since A & B antigens are not fully developed at birth, both April A S April B antibodies.

Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.

• Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.

Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result

• The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenoty that lacks normal expression of ABH antigens because of inheritance of hh genotype.

Refernces:

- 1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
- 2. AABB technical manual

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate

*** End Of Report ***







Dr.SHAMLA KULKARNI M.D.(PATH)

Pathologist

Page 7 of 10



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:16-Feb-2023 / 08:59 :16-Feb-2023 / 12:33

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	222.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	337.9	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	31.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	190.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	154.6	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	36.1	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	7.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	4.9	0-3.5 Ratio	Calculated

LDL test is performed by direct measurement.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate *** End Of Report **







Dr.SHAMLA KULKARNI M.D.(PATH) Pathologist

Page 8 of 10



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:16-Feb-2023 / 08:59

Reported :16-Feb-2023 / 12:25

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS

PARAMETER

RESULTS

BIOLOGICAL REF RANGE

METHOD

E

Free T3, Serum

4.3

2.6-5.7 pmol/L

Collected

CMIA

Kindly note change in reference range and method w.e.f. 16/08/2019

Free T4, Serum

12.7

9-19 pmol/L

CMIA

Kindly note change in reference range and method w.e.f. 16/08/2019

sensitiveTSH, Serum

3.41

0.35-4.94 microIU/ml

CMIA

Kindly note change in reference range and method w.e.f. 16/08/2019. NOTE: 1) TSH values between 5.5 to 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH. 2) TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal & heart failure, severe burns, trauma & surgery etc.



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:16-Feb-2023 / 12:25

Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors

can give falsely high TSH.

2)TSH values may be trasiently altered becuase of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation					
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.					
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosin kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.					
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake pregnancy related (hyperemesis gravidarum, hydatiform mole)					
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.					
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.					
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.					

Diurnal Variation: TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am, and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation: 19.7% (with in subject variation)

Reflex Tests: Anti thyroid Antibodies, USG Thyroid , TSH receptor Antibody. Thyroglobulin, Calcitonin

- 1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
- 2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

Reference:

- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)
- *Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate *** End Of Report **







- Roamier Dr.SHAMLA **KULKARNI** M.D.(PATH) Pathologist

Page 10 of 10



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: 16-Feb-2023 / 11:23

USG WHOLE ABDOMEN

LIVER: Size, shape and echopattern are normal. No focal lesions noted. No IHBR dilatation. Hepatic veins appear normal. Portal vein and common bile duct show normal caliber.

GALL BLADDER: Well distended. No calculi. Wall thickness is normal. No evidence of any pericholecystic collection.

PANCREAS: Normal in size and echotexture. Pancreatic duct is normal.

SPLEEN: Normal in size and echopattern. No focal lesion. Splenic vein is normal.

RIGHT KIDNEY: Measures 9.8 x 4.1 cm. Normal in size and echogenicity. No calculus or hydronephrosis. Corticomedullary differentiation is maintained.

LEFT KIDNEY: Measures 9.5 x 4.5 cm. Normal in size and echogenicity. No calculus or hydronephrosis. Corticomedullary differentiation is maintained.

Retroperitonium and flanks obscured due to bowel gas.

Paraaortic and paracaval region appears to be normal.

No evidence of lymphnodes noted.

No free fluid in abdomen.

URINARY BLADDER: Well distended. No calculi. Wall thickness is normal.

PROSTATE: Normal in size and shows normal echotexture.

 $\label{lem:eq:impression} \textbf{IMPRESSION}: \textbf{USG} \ \textbf{Abdomen} \ \textbf{and} \ \textbf{pelvis} \ \textbf{study} \ \textbf{is} \ \textbf{within} \ \textbf{normal limits}.$

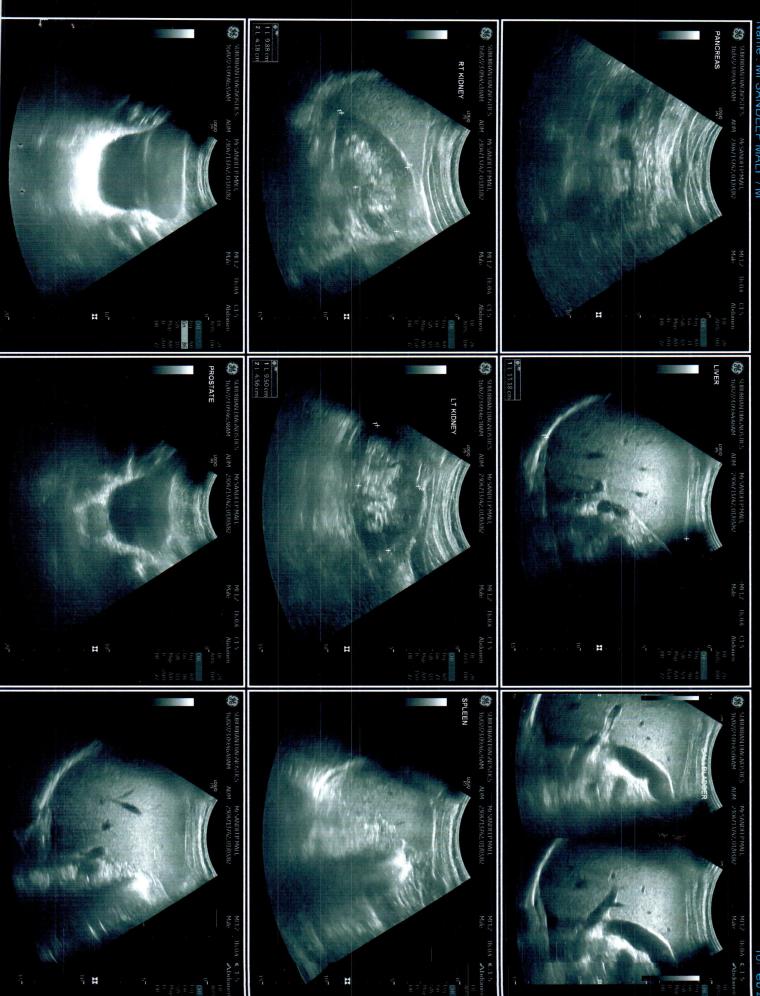
Clinical correlation is indicated.-----End of Report-----

This report is prepared and physically checked by Dr Nikhil Joshi before dispatch.

DR. NIKHIL G. JOSHI M.B.B.S., D.M.R.E. REG. NO. 2001/02/397

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: 16-Feb-2023 / 10:11

X-RAY CHEST PA VIEW

The lung fields are clear with no parenchymal lesion.

The cardiothoracic ratio is maintained and the cardiac outline is normal.

The domes of the diaphragm are normal.

The cardio and costophrenic angles are clear.

Bony thorax is normal.

IMPRESSION: Essentially normal X-ray of the chest.

Clinical corelation is indicated.

-----End of Report----

This report is prepared and physically checked by Dr Nikhil Joshi before dispatch.

DR. NIKHIL G. JOSHI M.B.B.S., D.M.R.E.

REG. NO. 2001/02/397

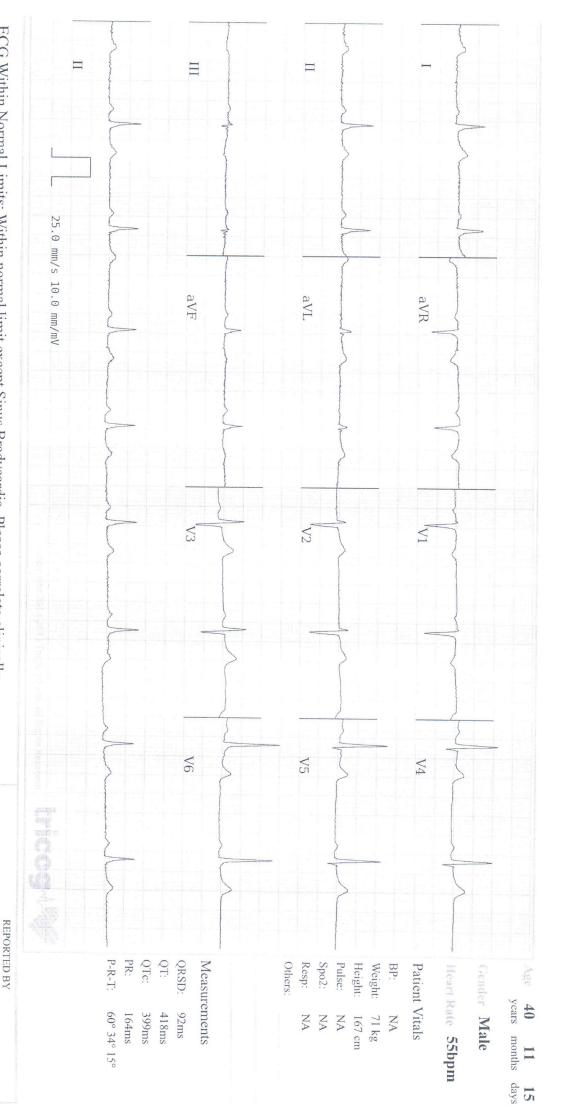
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PRECISE TESTING . HEALTHIER LIVING

SUBURBAN DIAGNOSTICS - SWARGATE, PUNE

Date and Time: 16th Feb 23 9:24 AM

Patient ID: Patient Name: SANDEEP MALI 2304713742



ECG Within Normal Limits: Within normal limit except Sinus Bradycardia. Please correlate clinically.

SUBURBAN DIAGNOSTICS PVT. LTD. eraph Centre, Opp. Pentagon Mall, Near Panchami Hotel

shu College Road, Pune-411 009.

M.B.B.S., M.D. (Medicine) Dr. I. U. BAMB

DR ISHWARLAL BAMB M.B.B.S MD (MEDICINE)

Suburban Diagonstics Center , Pune

Patient Details Date: 16-Feb-23

Name: SANDEEP MALI ID: 2304713742

Age: 40 y Sex: M Clinical History: NO

Time: 11:02:27 AM

Height: 167 cms.

Weight: 71 Kg.

Min. BP x HR: 6048 mmHg/min

Medications: NO

Test Details

Protocol: Bruce Pr.MHR: 180 bpm

THR: | 162 (90 % of Pr.MHR) bpm Total Exec. Time: 10 m 29 s

Max. HR: 157 (87% of Pr.MHR)bpm Max. Mets: 13.50 Max. BP: 172 / 88 mmHg Max. BP x HR: 27004 mmHg/min

Test Termination Criteria: Target HR attained

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. S
Supine	0:23	1.0	0	0	72	136 / 84	-0.21	0.35
Standing	0:6	1.0	0	0	75	136 / 84	-0.64	0.35
Hyperventilation	0:6	1.0	0	0	75	136 / 84	-0.21 III	0.35
1	3:0	4.6	1.7	10	110	148 / 84	-3.82 V1	-5.66 V1
2	3:0	7.0	2.5	12	122	160 / 86	-2.76 V4	3.18 V4
3	3:0	10.2	3.4	14	137	170 / 88	-2.55	-4.95 111
Peak Ex	1:29	13.5	4.2	16	157	172 / 88	-2.55 V1	3.89
Recovery(1)	1:0	1.8	1	0	125	172 / 88	-1.06 III	3.18 V3
Recovery(2)	1:0	1.0	0	0	96	172 / 88	-1.06 aVR	2.83
Recovery(3)	1:0	1.0	0	0	91	172 / 88	-1.49 V6	
Recovery(4)	0:37	1.0	0	0	90	172 / 88	-0.42 aVF	2.48 V6 1.06 II

Interpretation

Good Effort Tolerance.

No Significant ST T Changes as compared to Baseline.

No Chest Pain / Arrhythmias noted during the test.

Stress Test is Negative For Stress Induced Ischemia

Disclaimer: Negative Stress test dose not rule out coronary artery Diseases Positive Stress Test is Suggestive but not confirmatory of Coronary Artery Disease.

Hence Clinical Correlation is mandatory.

Ref. Doctor: ARCOFEMI

(Summary Report edited by user)

Doctor: I U BAMB

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